

Appendix D: Violence Incident Report Forms (OSHA, 1998)

SAMPLE

The following items serve merely as an example of what might be used or modified by employers in these industries to help prevent workplace violence.

(Sample/Draft - Adapt to your own location and business circumstances)

Confidential Incident Report

To: _____ Date of Incident: _____

Location of Incident: _____

Map/sketch on reverse side or attached

From: _____ Phone: _____ Time of Incident: _____

Nature of the incident: (xx all applicable boxes)

____ Assaults or violent acts: ____ Type "1" ____ Type "2" ____ Type "3" ____ Other

____ Preventative or warning report

____ Bomb or terrorist type threat (special checklists attached Yes No)

____ Transportation accident

____ Contacts with objects or equipment

____ Falls

____ Exposures

____ Fires or explosions

____ Other

Legal counsel advised of incident Yes No

EAP advised Yes No

Warning or preventative measures Yes No

Number of persons affected _____

(For each person complete a report; however, to the extent facts are duplicative, any person's report may incorporate another person's report.)

Name of affected person(s) _____ Service date _____

Position: _____ member of labor organization Yes No

Supervisor: _____ has supervisor been notified Yes No

Family: _____ has been notified by _____ Yes No

Lost work time Yes No

Anticipated return to work _____

Third parties or non-employee involvement Yes No (include contractor and lease employees, visitors, vendors, customers)

Nature of the incident

Briefly describe: (1) event(s); (2) witnesses with addresses and status included; (3) location details;

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5. Description of incident: 6. Injuries: 7. Extent of Injuries:
_____ Physical abuse _____ Yes
_____ Verbal abuse _____ No
_____ Other
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8. Detailed description of the incident:

9. Did any person leave the area because of incident?
_____ Yes _____ No _____ Unable to determine
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10. Present at time of incident:
_____ Police _____ Name of department
_____ Hospital security officer

11. Needed to call:
_____ Police _____ Department
_____ Hospital security

12. Termination of incident:
Incident diffused _____ Yes _____ No
Police notified _____ Yes _____ No
Assailant arrested _____ Yes _____ No

13. Disposition of assailant: 14. Restraints used: ___ Yes ___ No
Stayed on premises _____
Escorted off premises _____ Type: _____
Left on own _____
Other _____

15. Report completed by: _____ Title: _____
Witnesses: _____
Supervisor notified: _____ Time: _____

Source: Reprinted with permission of the Metropolitan Chicago Healthcare Council, *Guidelines for Dealing with Violence in Health Care*, Chicago, IL, 1995.